UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
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UNITED STATES OF AMERICA,

-against- 18-Cr-834-8 (PAE)

AARON YOUNG, ATTORNEY AFFIRMATION

Defendants.
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ALESSANDRA DeBLASIO, under penalty of perjury pursuant to 28 U.S.C. § 1746 does hereby declare and affirm the following to be true:

1. I am an attorney duly admitted to practice law in the State of New York and before the bar of this Court. I was appointed pursuant to the Criminal Justice Act to represent Defendant Aaron YOUNG on appeal and now for the limited purpose of moving for compassionate release before this Court.

2. I make this Declaration of my own personal knowledge, based upon an exhaustive review of the multi-defendant case record; a review of Mr. Young's medical records through May 20, 2021, which the Bureau of Prisons ("BOP") provided; numerous prison e-mails with Mr. Young; and long telephone calls with Mr. Young on December 1, 2021 and April 25, 2022.

3. I am attaching as Exhibits 1 through 12 excerpts from Mr. Young's BOP medical record and other relevant documents, to which I refer in this Affirmation and in the accompanying Memorandum of Law.

AARON YOUNG'S HEALTH CONDITIONS

At the Metropolitan Correctional Center – Manhattan (12/19/18-1/27/20)

4. Mr. Young entered the federal Bureau of Prisons ("BOP") system for the first time at age 38, when arrested in this case on December 19, 2018. He was detained at the Metropolitan Correctional Center ("MCC"). The BOP had no previous medical records for Mr. Young.

5. Upon arrival, Staff checked his temperature (normal), pulse (61), and blood pressure (141/95); they did not take his height or weight. They asked about substance abuse, and he informed them that he smoked marijuana and cigarettes daily for much of his life. *See* **Exhibit 2** ("BOP Medical Records") at 1-5.

6. MCC Staff reviewed with Mr. Young the BOP standard questionnaire about diseases – if he had diabetes (no), hypertension (no), carcinoma/lymphoma (no) – questions which he could not have answered in the affirmative without testing, but for which they did not order tests. *Id.* at 1, 5. They did, however, order tests for diseases he might communicate to others: tuberculosis (PPD), syphilis (RPR), and HIV. *See id.* at 5, 26.

7. Three months after arrival, on March 25, 2019, MCC Health Services performed a "History & Physical." They recorded his pulse (78), blood pressure (137/76), height (5'7"), weight (169.7 lbs.), and vision (20/20). *See* **Exhibit 2** at 6-29. (Two subsequent recordings list Mr. Young's height at 5'5". *Id.* at 105-06.)

8. Staff asked the cause of his parents' deaths and Mr. Young informed them that both parents died of heart disease, his mother at 52, his father at 50. *Id.* at 11.

9. Staff asked about past hospitalizations and he told them about breaking his left femur in a car accident, and about nine gunshot wounds from two separate incidents a few years later, followed by surgeries in each instance. *Id.* at 8, 20. (In 2015 he was the victim of a robbery and shot eight times, and in 2018 he was struck by a stray bullet as he was leaving his apartment building. *See* PSR ¶¶ 124-126.) They observed "well healed scars" from ballistic fragments on his right arm (at the axillary, upper arm, and forearm), left elbow, left lower back, left femur, left calf, and right Achilles, as well as a "well healed vertical surgical scar" at the left knee. *Id.* at 17.

10. Staff asked about complaints regarding his leg and Mr. Young told them that the left knee buckled for which he used a cane to keep his balance; he had sharp and shooting pain in the left leg from the hip down; and he was unable to stand or lean on the left leg for very long. *Id.* at 20. Medical Staff noted "joint deformity," "crepitus" (grating of bone and cartilage), and "favoring gait"; ordered a knee brace

and pain medication (Motrin); issued a lower bunk pass; added Mr. Young to the Orthopedic/Rheumatology Clinic; and scheduled an x-ray. *Id.* at 20-22, 27-29.

11. The April 2019 x-ray *of the left femur* showed an old fracture (from the car accident) to the mid-left femoral shaft with placement of an intramedullary rod (i.e., in the hollow cavity at the bone's center), and five screws. It also showed scattered ballistic fragments in the left knee and upper thigh from his having been shot. It found "sclerotic and cystic change with joint space narrowing and osteophyte formation in the left hip." The impression/diagnosis was "moderate to severe" osteoarthritis in the left hip joint. *Id.* at 30. The April 2019 x-ray *of the left knee* showed "tiny radiodense foreign bodies" and the rod with two screws. *Id.* at 31. (Another x-ray report of the left hip on April 13, 2021, found sclerosis and cystic change in the left femur; severe loss of joint space in the left hip; "*severe" osteoarthritis of the left hip joint*; and *a bullet in the medial left upper thigh soft tissues*. *Id.* at 137.)

12. On July 27, and again on July 29, 2019, Mr. Young saw medical Staff for pain and swelling in his left lower jaw, which he complained was a "10." They took his blood pressure (175/95), gave him antibiotics, and recommended dental treatment for the cavities. *Id.* at 32-36. No follow-up dental treatment was provided.

13. At a Chronic Care Clinic visit on October 31, 2019, Mr. Young complained of shooting pain in his left leg (pain scale 8). MCC Staff assessed/diagnosed Mr.

Young with *neuralgia* (stabbing, burning nerve pain), *neuritis* (nerve inflammation), and *osteoarthritis of the knee*. He received a prescription for the anti-anxiety/anti-depressant medication DULoxetine (Cymbalta) for pain, and authorization for Ibuprofen 600 mg. They also noted his weight (173.4 lbs.), a slight increase since March. *Id.* at 37-40.

At the Brooklyn Metropolitan Detention Center (approx. 1/27/20-8/10/20)

14. On January 27, 2020, 13 months after his arrest, the BOP transferred Mr. Young to the Metropolitan Detention Center ("MDC") in Brooklyn. Upon entry, Staff performed a Health Screen, taking his temperature, pulse, respirations, blood pressure, and weight (160 pounds). They again reviewed with him the BOP's standard questions about diabetes, hypertension, carcinoma/lymphoma, tuberculosis, and again accepted his uninformed layman's word, and did not order any bloodwork to rule out these diseases. *See* **Exhibit 2** at 42-45.

15. Staff continued Mr. Young on DULoxetine and Ibuprofen 600, until March 17, 2020, when they changed his pain medications to the anti-depressant Amitriptyline (Elavil) 25 mg for the neuralgia and neuritis, and Naproxen for his hip and knee pain. *Id.* at 46-49, 177. He continued on the Amitriptyline until August. *Id.* at 63.

17. In February 2020, the COVID-19 virus was discovered to be widespread in the United States, and it began to enter the prison system. During the next six months

that Mr. Young was at MDC, the facility went through many periods of lock-down and quarantine, with visitation curtailed, contact (calls and e-mail) with friends and family substantially reduced, classes suspended, recreation limited, showers/hygiene modified to once every three days, meals served cold, and anxiety heightened and pervasive among the inmates.

16. In preparation for prison transfer, MDC tested Mr. Young for COVID-19 infection in July, quarantined him, and re-tested him in early August. Results were negative. *Id.* at 223-24.

FCI Ray Brook (Care Level 1 Facility, approx. 8/10/20-2/21/21)

17. On August 10, 2020, the BOP transferred Mr. Young to Federal Correctional Institution ("FCI") Ray Brook. Upon entry, health Staff tested him for COVID (negative) and placed him in quarantine for 16 days. They took his temperature (normal), but not his blood pressure or weight. They asked him the BOP's standard series of questions about diseases (diabetes, hypertension, carcinoma/lymphoma, etc.) – questions which he still could not answer in the affirmative no testing ever having been performed. *Id.* at 216-21, 224-27.

18. On August 27, when Mr. Young came out of quarantine, he refused to continue his prescription medication, the anti-depressant/anti-anxiety amitriptyline (Elavil), which he had been taking for his hip and knee pain (and toothaches). *Id.* at 66-68. He had tested negative for COVID, but while in quarantine he realized how

tired he always was, that he was increasingly woozy, dizzy, listless, and his eyes blurry he thought from uneasy sleep. He thought his symptoms must be on account of the anti-depressant medication, and so he stopped taking it. What he was actually experiencing were symptoms of raging undiagnosed diabetes.

19. Two months later, on October 6, 2020, *nearly two years after he entered the federal prison system*, the BOP checked his blood chemistry. *Id.* at 69-70.

20. The results were back the next day. Mr. Young was suffering from acute insulin-dependent diabetes and hyperlipidemia – his cholesterol/HDL ratio was 10.6, where the acceptable range is under 4.0. *Id.* at 73; *see also id.* at 69-85. (The hypertension diagnosis would not be recognized for another year.)

21. Mr. Young's glucose level was 402 mg/dL, where the acceptable range is 70-110 mg/dL. *Id.* at 69. His hemoglobin A1C was over 18.5%, where the acceptable range is under 5.7%. *Id.* at 70. According to BOP protocol, above 6.4% indicates diabetes, and above 9.0% for 12 months requires transfer to a Care Level 3 facility. *Id.* at 70; **Exhibit 7** ("BOP Care Level Classification Clinical Guidance") at 6, 10.

22. (Mr. Young's Hemoglobin A1C is still not fully managed, and is currently above 9.0%. During an April 25, 2022 phone call with counsel, Mr. Young said that at a medical visit a week earlier, the doctor advised him that his A1C is now 12%, and that he has to be very careful not to miss insulin injections. His doctor told him that diabetes and osteoarthritis are a bad combination – the inflammation from the

arthritis impacting how the body regulates insulin – and that Mr. Young is at risk of serious complications should his left leg become infected, as amputation would be complicated by the metal rod in his femur and the severe arthritis in the hip.)

23. On October 8, 2020, Health Services called Mr. Young in for a "Clinical Encounter" to discuss his conditions, to prescribe medications and, finally, to ask targeted questions about his symptoms and complaints. With regard to clinical symptoms of diabetes, he answered that his vision was blurry and he thought he needed glasses; he had been experiencing increased thirst and so he drank a lot more; he had to urinate frequently, many times during the night, which he thought was on account of the additional water he was drinking; he had a "funny feeling in [the] bottom of both feet"; and he had a family history of diabetes – his father, mother and brother. *See* **Exhibit 2** at 76-79.

24. With respect to clinical signs of diabetes, Staff weighed him, the first time in eight months. From October 2019 to October 2020, he had lost nearly 20 pounds (173.4 to 154 lbs.). *Id.* at 77, 106. And they observed him, discovering skin lesions on his feet at the heel, plantar foot, great toe, second toe and fifth toe, and foot and nail fungus (tinea pedis and tinea ungulum). *Id.* at 71, 77.

25. On October 8, 2020, FCI Ray Brook Health Services began treatment for the diabetes, prescribing: (1) 20 units of intermediate-acting "NPH insulin" injected subcutaneously twice a day; (2) short-acting "Regular insulin" injected twice a day

subcutaneously per sliding scale correlating to blood sugar levels registering over 150 mg/dL by finger prick test; (3) Metformin pills (500 mg.) taken orally twice a day for diabetes; and (4) a diabetic snack twice a day. They also began Mr. Young on 20 mg atorvastatin daily for hyperlipidemia (high cholesterol), and 10 mg of lisinopril daily for hypertension. *Id.* at 74.

26. But the medical Staff at Ray Brook candidly told Mr. Young that they could not adequately care for him at their designated "Care 1" facility, which was for healthy inmates with limited medical needs; he would be moved as soon as possible to a "Care 2" facility for chronic care inmates requiring at least quarterly clinician evaluations. Later that day (October 8, 2020), Mr. Young contacted undersigned counsel to advise that Staff told him he had "the most severe case of Diabetes" and he would be moved. *See* **Exhibit 3** ("Corrlinks Messages from Client to Counsel") at 1.

27. The Ray Brook ("RBK") Staff documented what they verbally told Mr. Young – that is, that their facility was inadequate. Nurse Practitioner K. Sorrell wrote: "Newly Dx IDDM [Insulin Dependent Diabetes Mellitus]. Not appropriate for RBK. CARE 2." **Exhibit 2** at 81 (Oct. 8, 2020, 09:23). Physician Diane Sommer wrote: "needs to be placed in diabetes clinic – change care level to 2." *Id.* at 82 (Oct. 8, 2020, 09:39).

28. Despite the urgency, Mr. Young remained at FCI Ray Brook for another five months. While he was there his condition deteriorated.

29. On October 9, 2020, the day after he received his first insulin injections, a housing unit officer made an "urgent call" to Health Services because Mr. Young was "confused." He had been roaming around, unable to see well or think clearly and had entered the wrong housing unit. Health Staff helped re-orient Mr. Young, who they noted was suffering from "severe stress" and was tearful, and whose mood they documented as "Sadness, Worry." *See* **Exhibit 2** at 87-89 (Oct. 9, 09:46); **Exhibit 3** at 3.

30. Staff was directed to measure his blood glucose levels *twice daily "[p]rior to meal time*," so that they would know if and how much Regular sliding scale insulin to administer twice daily in addition to the NPH insulin. *See* **Exhibit 2** at 74; *see also* **Exhibit 6** ("BOP Management of Diabetes Clinical Guidance") at 32. When blood glucose is 0-149 mg/dL no Regular insulin is indicated; 150-200 mg/dL requires 2 units; 201-250 mg/dL requires 4 units; 251-300 mg/dL requires 6 units; 301-350 mg/dL requires 8 units; and 351-400 mg/dL requires 10 units. The scale goes no further. When blood glucose is over 400, as Mr. Young's was when tested on October 6, critical and closely supervised intervention is required. *See* **Exhibit 2** at 73.

31. While waiting for transfer in October 2020, Mr. Young's glucose levels fluctuated wildly, with many precipitous drops and spikes throughout the month, levels listed here chronologically twice daily from October 8 to 31 (NB: the normal reference range is 70-100 mg/dL): **363**, 272, 269, 164, **274**, 195, 115, **356**, 200, 231, 222, 321, 115, 235, 222, **278**, 170, 251, 161, 293, 129, 213, 117, 220, 140, 178, 119, 168, 84, 254, 115, 99, **92, 238**, **97**, 175, 150, 199, 114, 95, 91, 131, 119, 94, **82**, 127, 134, 130. *See* **Exhibit 2** at 103-05, 173-76.

32. During October 2020, Mr. Young called undersigned counsel, and had fellow inmates write messages through the prison Corrlinks system to counsel, to describe the extent of his increasing blindness and to say how fearful he was of what was happening to him:

- "my eyesight is going real bad behind this sickness" (10/12/20);
- "I think my sight is going ever since they gave me the insulin" (10/19/20, 3:36 p.m.);
- "my vision is blurry I can only see shadows of people face. And I cant even read anything I have to get people to write to you for me and they walk with me to medical I went into the wrong unit after taking the medication. They just gave me a lot of meds for high blood pressure and other stuff" (10/19/20, 8:37 p.m.);

- "This facility do not have the proper medical treatment for me here *I just hope I don't go blind before they treat me* They gave me a form to fill out to release my medical records I had to get someone to do it for me because I really cant see anything" (10/20/20, italics added);
- "i went to take insulin dismounting [sic, this morning] and they said we [sic] your sugar is low because we don't have enough insulin for two shots" (10/22/20);
- "the eyes are still the same it seems like they are worst than before[.] [N]o they have not said anything about my movement yet i spoke and gave a copout to the warden and he said that my counselor is reviewing my copout" (10/28/20).

Exhibit 3 at 2-6.

33. That same month (October 2020), Mr. Young asked Health Services repeatedly to see an eye specialist. They told him that he would have to wait for three months, and then they told him six months, as appointments were scheduled and cancelled. *See, e.g.*, **Exhibit 2** at 112, 120.

34. In November 2020, Mr. Young's glucose levels remained erratic, as low as 78 and as high as 232, and mostly out of the normal range. *See* **Exhibit 2** at 169-72, 210-13. On November 7, Mr. Young wrote to counsel: "my sight is getting worst everything is blurry ." **Exhibit 3** at 7. The following day he wrote: "I'm having

nose bleeds every night and dizziness with headaches I've told the doctors that they have here and just tells me to put in a sick call but they don't answer that." *Id.* at 8. On November 11: "my vision is really getting bad." *Id.* at 9. In December, Mr. Young's glucose levels continued erratic, as low as 75 and as high as 264, and again, mostly above the normal range. *See* **Exhibit 2** at 165-69, 207-10.

35. Mr. Young's transfer to a Care Level 2 facility continued delayed, on account of COVID. In addition, follow-up blood tests, which were ordered to be taken on November 18, January 6, and January 12, 2021 (see *id.* at 82), were continually postponed, and ultimately never performed at FCI Ray Brook.

36. There was a COVID outbreak at FCI Ray Brook in December 2020. *See* **Exhibit 2** at 107 (December 17). The day before Christmas, Mr. Young wrote to wish undersigned counsel happy holidays and he mentioned that "everybody here got covid they have us on lock down." **Exhibit 3** at 10. His transfer to FCI Hazelton was delayed as he was quarantined.

37. Then in January 2021, there was a COVID outbreak at his destination facility, FCI Hazelton: the BOP reported 64 inmates and 22 staff at FCI Hazelton testing positive, with 80 inmates and 22 staff there recovered.[1]

[1] *See* Kathy Plum, *How local prisons are coping with the ongoing pandemic*, THE DOMINION POST, Jan. 10, 2021.

38. As Mr. Young continued waiting at the Care 1 Facility (Ray Brook – RBK), his glucose levels continued erratic in January and February 2021, with a precipitously low 47 and a high of 259. Almost all his readings in January-February were above the normal range of 70-110 mg/dL. *See* **Exhibit 2** at 157-65. When Mr. Young finally arrived at the Care 2 Facility (Hazelton – HAX) on March 3, 2021, his blood glucose was at 305. *See id.* at 157.

FCI Lewisburg (2/21/21-3/2/21)

39. Mr. Young spent ten days in isolation at FCI Lewisburg, in Pennsylvania, a transfer point between FCI Ray Brook and FCI Hazelton.

40. Upon entry, Lewisburg Medical Staff asked him the BOP's standard series of questions about diseases (diabetes, hypertension, carcinoma/lymphoma, etc.), all of which they marked him as answering "Denied" – baffling since he had been receiving insulin for diabetes for four months by then and would not have denied it. *See* **Exhibit 2** at 114.

FCI Hazelton (Care 2 Facility, 3/2/21-present)

41. On March 2, 2021, the BOP transferred Mr. Young to the Care 2 facility at FCI Hazelton, a medium-security facility then housing approximately 1,500 male offenders (now 1,600). *See* **Exhibit 2** at 130; *see also* FCI Hazelton (bop.gov). The inmate transfer paperwork included all his medications, pending medical appointments, limitations (lower bunk, knee brace), that he had negative COVID

tests on 2/9, 2/22 and 2/26, and that he was to receive a *diabetic snack* "2 x day." *See* **Exhibit 2** at 120-22.

42. Upon entry, Hazelton medical Staff asked him the BOP's standard series of questions about diseases (diabetes, hypertension, carcinoma/lymphoma, etc.), which they marked him as answering "Denied" – baffling since he had been receiving insulin for diabetes by now for nearly five months and would not have denied it. *See id.* at 123. And they tested him again for tuberculosis (PPD), as they had once each of the three previous years. *See id.* at 129.

43. On March 24, within three weeks of his arrival, Mr. Young asked to see a dentist, because of "real bad dental issues." The dental assistant wrote back that Staff would see him "when time and staff allow." *Id.* at 131.

44. When a dental hygienist visited on May 3, 2021, Mr. Young complained of "real bad" aching and throbbing teeth with a pain scale 9. The hygienist identified *seven* affected teeth. *See id.* at 142-43. (By that time, Mr. Young was already missing 21 teeth. *Id.* at 145.) The hygienist wrote that Mr. Young "may present to the facility dental clinic at a later date . . . for further evaluation as COVID-19 protocol evolves and security, time, staffing, and priority of treatment dictates." *Id.* at 143. The following day, a dentist "review[ed] [the] hygiene triage note," and wrote that Mr. Young did "not fit criteria for emergent or urgent care." *Id.* at 144. No care was provided.

45. On April 2, 2021, Hazelton Medical Staff placed Mr. Young in *three chronic care clinics: diabetes; hyperlipidemia; and hypertension.* *See* **Exhibit 2** at 132.

46. At a clinic visit on April 5, Staff reviewed his medications, and "[e]ncouraged daily skin checks [and] weight loss." *Id.* at 133. (Mr. Young had gained 32.8 pounds since he began his medication regime six months earlier. *Compare id.* at 77 *with* 134; *see also id.* at 148.)

47. When they asked him about his current level of pain, he rated it 10/10 in his left hip and knee. They ordered an x-ray. *Id.* at 133, 136. (See paragraph 11, above, for results of this 2021 x-ray.) Medical Staff also ordered blood tests. *Id.* at 135, 138-41.

48. Mr. Young asked again to see an eye doctor, at counsel's urging. *See* **Exhibit 3** at 12. At the April 5 clinic visit, Medical Staff advised him that an optometry appointment was set, though no date was indicated in paperwork. *See* **Exhibit 2** at 133. On April 8, 2021, Mr. Young wrote to counsel that "it's gonna take some time I guess for . . . the eye doctor to see me because they are very funny here at this facility it's nasty over here they do things how ever they want." **Exhibit 3** at 13. And then on May 12, 2021, he wrote: "I won't be able to see the eye doctor until October." *Id.* at 14.

49. During a 70-minute phone call on December 1, 2021, Mr. Young described his current symptoms and complaints, and he detailed his medical routine at FCI

Hazelton. He also explained to undersigned counsel how the medical treatment at FCI Hazelton was worse even than it was at Ray Brook (a lower care level facility), because of operating limitations at Hazelton in the era of COVID. According to contemporaneous local articles, as well as the BOP website, since his arrival, FCI Hazelton has been running at the highest (most restrictive) operational level (3) on account of COVID.[2]

50. With regard to his health, Mr. Young complained to counsel of swelling of his knees and hands because of hypertension and arthritis; periodic pain in his chest and neck, as well as dizziness, on account of hypertension; on account of diabetes he continues to have intermittent debilitating blurred vision, weight gain (he is now around 200 pounds), pressure pain in his back and side around the kidneys, and difficulty sleeping because he has to urinate about five times during the night; unrelenting cracking and fungal infections of his feet and nailbeds; and decaying teeth, all of which cause him pain and worry. *See also* **Exhibit 3** at 15 (Feb. 16, 2022) ("my site it goes bad then it come back its like a rash that keeps happening.").

[2] Subsequent to the December 1 phone call, counsel found an article dated the day before the call, which corroborated Mr. Young's account: "According to the BOP's COVID update, FCI Hazelton is currently operating at a level 3 for COVID-19, meaning that the prison is running with 'intense modifications'." Sam Kirk, *Inmate serving life sentence at Preston County prison [FCI Hazelton] dies from COVID-19*, Wboy News, Nov. 30, 2021. Available at https://www.wboy.com/news/health/coronavirus/inmate-serving-life-sentence-at-preston-county-prison-dies-from-covid-19; *see also* FCI Hazelton (bop.gov) (running at Level 3 Operations as of May 30, 2022).

51. Because of his polyuria (frequent, urgent urination), and his increasingly poor bladder control, he does not associate with other inmates in the common room, sitting instead just outside his cell door the whole day so that he is close to the toilet. And while he has been actively taking prison courses, those that last more than an hour and a half are difficult because of the urination. He has been able to complete the court-mandated drug education course, as well as the non-residential drug treatment program, all with classes running one hour. *See* **Exhibit 10** (Prison Course Certifications).

52. Regarding his current daily medication routine, Mr. Young receives 20 mg of NPH insulin injections twice a day, with additional Regular insulin depending on his blood sugar levels; he takes three Metformin insulin pills, one before breakfast, one before lunch and one before going to bed at night; he takes pills twice a day for his blood pressure and for his cholesterol; and 25 mg. of amitriptyline twice a day for pain.

53. He explained to counsel that when the Unit is in *lock down mode*, on account of COVID or for security, Medical Staff goes to the Units and gives the inmates their injections in their cells. The Staff do not follow a regular schedule. (At FCI Hazelton, there are 12 buildings housing inmates, with 4 Units each, one on top of the other; and all inmates share the same Medical Building, the same Mess Hall, and the same Yard.) While Mr. Young is supposed to receive the injections at least eight

hours apart – before breakfast and dinner – the Staff delivers it whenever they can get to his Unit, usually at 7:00 a.m. and again at 11:00 a.m. or noon, telling him to take it because they are not coming back the rest of the day. This results in insulin spikes and drops, which leave him woozy, depressed, unable to stand, exhausted.

54. When his Unit is *not* locked down, twice a day (in the early morning and in the afternoon) the Unit Officer in Charge announces over the loudspeaker "Diabetic Movement," at which time Mr. Young goes to the Medical building with inmates from all 48 Units to receive his injections. However, several times a month, almost once a week even, the Officer in Charge does not make the announcement, and the inmates in his Unit miss that insulin injection. He reports that this never happened at FCI Ray Brook. *Compare* twice daily glucose readings at Ray Brook ("RBK"), **Exhibit 2** at 157-176, *with* single daily readings or "no show" at Hazelton ("HAF"), *id.* at 149-157.

55. To receive their injections, inmates *line up outside the Medical building* and wait their turn to enter, to receive their injections at a table staffed by a nurse just inside the doorway. However, from October 2021 to April 2022, the inmates were no longer allowed into the building at all in the afternoons for their injections; instead, they received their medications and injections at an outside table.

56. When there is snow on the ground, *which is often in the winter months at Hazelton* (located in the Appalachian Mountains of Bruceton Mills, West Virginia),

Mr. Young and the other inmates must stand in the snow and wait, for both the morning and afternoon injections.[3] Mr. Young mentioned that for him standing and waiting in the snow is dangerous because he cannot feel his feet and might get frostbite.

57. Mr. Young mentioned additional problems arising from the outdoor medication line (which they did not have at FCI Ray Brook). When it is really cold and/or snow is on the ground, some inmates try to jump the line. Whenever Medical Staff become aware of any potential scuffle, they send the inmates waiting on line back to their cells – without giving them their insulin dose. Mr. Young described that when this happens, he becomes dizzy, loses energy, has to lie down, gets headaches near his eyes, and his vision blurs.

58. Other times, in the mornings, if he feels his blood sugar dropping too much – when he feels faint, dizzy, no energy, numb feet – and the medication line is very long, he leaves to go to the Mess Hall to get something quick to eat and comes back. Sometimes this is fine with the guards, but sometimes a guard will not let him get on line again, sending him back to his Unit without his morning injection, which ends up causing the same symptoms mentioned above.

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[3] Weather averages in Bruceton Mills, WV, in winter 2021-2022: 31-49 (November); 21-37 (December); 18-34 (January); 20-40 (February), 28-49 (March). *See* www.usclimatedata.com/climate/Bruceton-Mills/West-Virginia. *See also* **Exhibit 3** at 18 (April 4, 2022).

59. Yet another problem he encounters is that sometimes Medical Staff does not have time to wait for him to do the finger prick test to see if, in addition to the required NPH insulin, he also needs a dose of Regular insulin. (He needs the additional Regular insulin when his glucose level is above 150.) "Shoot and go" is what they tell him when they give him the NPH and they do not have time for the finger prick – and then they mark on his medical chart "refused" the Regular insulin. *See* **Exhibit 2** at 149-155.

60. One of the biggest problems for Mr. Young is the timing of the injections (and the simultaneous blood glucose finger prick test), which are supposed to immediately *precede meals and bedtime* per BOP protocol. *See* **Exhibit 6** at 14, 16-19, 32, 45; *see also* **Exhibit 2** at 74. Mealtimes at FCI Hazelton are at 6:30, 11:30, 17:00; inmates are locked in their cells for the count from 9:30-11:00 and 15:30-17:00, and at 20:45 for the night; and lights out is at 23:00.

61. When he first arrived at FCI Hazelton in March 2021, he was typically receiving his insulin injections *after* mealtimes, and hours before lights out. *See* **Exhibit 2** at 191; *see also* **Exhibit 3** at 11 (Mar. 11, 2021) ("they are not giving me my insulin on time here its bad over here"), and *id.* at 12 (Mar. 25, 2021) ("this place is kind of crazy the way they run things here").

62. Then, from October 2021 to April 2022, while he was getting the *first* injection fairly consistently *before* breakfast, he was getting his *second* injection

midway *between* lunch and dinner – around 14:45 – because Medical Staff left at 15:00. *See* **Exhibit 3** at 15 (Feb. 16, 2022) ("they do not have doctors after 3pm my health will never get better here"); *id.* at 18 (Apr. 4, 2022) ("this place have us taking insulin at 6am and at 245pm because they don't have medical here after 3pm..they give me insulin 16hours late …it suppose to be given 8hours apart and when I ask them about it they said welcome to Hazelton we do what we want."). During counsel's April 25, 2022 call with Mr. Young, he advised that beginning that month, Staff now leaves at 17:00, but because all inmates must be in their cells at 15:30 for the hour-and-a-half count, they continue to receive their insulin between lunch and dinner, any time between 14:30 and 15:30.

63. Another drawback of Hazelton, which appears to Mr. Young to be on account of greater Staff shortages and more patients than at FCI Ray Brook, is the limited access to Medical Staff for chronic care complaints. Unlike at Ray Brook, where he was simply allowed to go to the Medical building to see a nurse whenever he had a medical complaint, at Hazelton he must write a "cop-out," which means waiting for days until one's name comes up for medical attention. As a result, he usually does not submit a cop-out and just hopes his symptoms subside.

64. Further complicating medical matters is that since March 2022, FCI Hazelton no longer has an affiliation *with the local hospital*; according to Mr. Young, it lost

its contract and may be downgraded to a Care Level 1 facility. *See* **Exhibit 3** at 17 (Mar. 11, 2022).

65. Another issue at Hazelton is that Medical Staff is supposed to routinely perform physical examinations of diabetic inmates (at least monthly, and weekly on a case-by-case basis), to look for infections, lacerations and ulcerations, particularly on the feet. *See* **Exhibit 6** at 31, 39. They checked Mr. Young just once, and told him he was responsible for his own self-care. *See* **Exhibit 2** at 133. However, on account of the rod in his leg from femur to knee (*id.* at 20), and his severe arthritis, he is not able to see the bottom of his left foot. He advised counsel that he has to ask other inmates to check his feet for him, which they do not do very often. *See also* **Exhibit 3** at 16 (Mar. 8, 2022) ("this prison is real bad they medical system is really not good I'm thinking they moved me from the other prison because medical reasons but I'm not receiving good treatment here.").

66. Nor does Medical Staff at Hazelton provide lotion and anti-fungal cream for his feet – which he was told to use to prevent cracking, and infection, which might lead to diabetic gangrene. He must purchase it at the Commissary, when available and when he has funds. (At Ray Brook, these were provided to him.)

67. Yet another critical issue that has arisen is that he is *not* receiving the two snack bags a day he was prescribed as part of his diabetes regimen. *See* **Exhibit 2** at 92. Because he now gets his second injection before the 15:30 count, and dinner

is not until 17:00 – and he must eat something immediately *after* injections – these snacks of bread, cheese and an apple are critical. Ray Brook provided these snacks, but Hazelton never has, and so Mr. Young is now responsible for buying them from the Commissary. Due to lock-downs, supply shortages, and at times lack of funds, he often goes without snacks, suffering the diabetic symptoms described above (woozy, listless likes a "downer," headaches, blurry vision).

68. Mr. Young has expressed tremendous fear for his health recently, as one of his fellow diabetics at FCI Hazelton just had a toe amputated, and another is set to have his leg amputated. *See* **Exhibit 3** at 18 (Apr. 4, 2022).

69. Finally, Mr. Young believes he received two Moderna vaccinations, but no booster. *See id.* at 15 (Feb. 16, 2022).

FACTS SURROUNDING THE SHOOTING OF SHANE ("SNOW") HARDY

70. On January 19, 2018, Co-Conspirator Kristian Cruz, a young light-skinned Latino-looking man, stopped by the house where Mr. Young was living in Brooklyn and played a recording for him of Shane ("Snow") Hardy talking to his (Snow's) cousin about wanting to kidnap Cruz because his family had money. After Cruz played the recording, he and Mr. Young went to Brooklyn Nights, a bar around the corner from Mr. Young's home.

71. After a few minutes, Cruz told Mr. Young that he was going outside to pay the cab fare for Snow, who had just arrived. Moments later, Cruz came back into

Brooklyn Nights together with Snow, and Cruz bought them all a bottle of Patron tequila. Cruz then said he was leaving to go get changed and that they should call him later and they would all go to the W Hotel together in Manhattan. Just after Cruz left, a Nine Trey associate, Kareem Anderson, arrived at Brooklyn Nights.

72. Later that evening, after the shooting, Cruz drove Mr. Young to Pennsylvania, to his (Cruz's) house in the Poconos.

73. A few days later, Cruz told Mr. Young that they had to drive back to New York because his aunt had called and said that police were at her apartment looking for him (Cruz). Cruz then drove back with Mr. Young to Brooklyn, to the apartment of his child's mother, which was on Nostrand Avenue, a couple of blocks from Bedford Place, where Snow had been shot the night they were all at the bar Brooklyn Nights.

WHEREFORE, undersigned counsel for Defendant Aaron YOUNG respectfully requests that the Court grant the within motion in all respects, as well as such other and further relief as the Court deems just and proper.

Executed on May 31, 2022 in New York, New York.

Alessandra DeBlasio